

PRINTED: 06/05/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE LITTLE FLOWER ASSISTED LIVING RESID

8700 LAYWERS ROAD
CHARLOTTE, NC 28227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell and Ed Miller on 5-6-2015. Records indicate this facility was first licensed or submitted for licensure on or about 8-16-1996, for 49 beds. Based on the this information, the facility is required to meet the 1996 Rules for the Licensing of Adult Care Homes (Homes for the Aged and Family Care Homes); the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds; and the 1996 North Carolina State Building Code Section 409.1-Group I.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: Based on observation, corridor doors did not positively latch closed as required by Section	C 101		

CONSTRUCTION SECTION
JUN 23 2015
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Deloris Brown, Executive Director 6/23/2015

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If continuation sheet 1 of 11

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C 101	Continued From page 1 409.1.4.1. Corridor doors that do not positively latch cannot resist the passage of smoke. Findings include: The double doors from the corridor to the Dining room were not equipped with latching hardware.	C 101	The facility will ensure that corridor doors with positively latch closed as required by Section 409.1.4.1. 1) New latching hardware will be installed on the double doors to the Dining room by 7/24/15.	7/24/15
C 168	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, all the receptacle covers had been removed in room 26 for painting. The room was found unsupervised and unlocked potentially allowing residents access to exposed energized surfaces. 2. Based on observation, the toilet in the women's bathroom near the nurse station was loosely mounted to the floor. Loose toilets can cause leaking and/or fall hazards.	C 166	The facility will ensure that resident rooms are maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards. 1) Room 26 was cleaned and receptacle covers reinstalled on 5/7/15. 2) The toilet in the women's bathroom near the nurse's station was securely mounted to the floor on 5/7/15.	5/7/15 5/7/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.	C 189	The facility will ensure that all fire safety, electrical, mechanical, and plumbing equipment in an adult care home is maintained in a safe and operating condition.	

Delsia Brown, Executive Director, 6/23/2015

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C 189	Continued From page 2 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed conduit sleeves (2) through the ceiling of the Business office, b. Hole by the exit light in the corridor ceiling near room 30, c. Unsealed conduit sleeve in the furnace room in the attic on the west side, d. Hole in ceiling in the furnace room in the attic on the west side, e. Holes around pipes over the range hood suppression system in the kitchen, f. Holes at wires through the ceiling in the med room, g. Holes in the wall in the soiled utility off the laundry, h. Unsealed penetration at sprinkler line in attic furnace room on the west side, i. Large holes and gaps around the Hi-Lo combustion air inlets in the attic furnace room on the east side, j. Holes in the gypsum compound and tape in the corners of the attic furnace room on the east side, k. Gypsum compound and tape falling off the walls of the attic furnace room on the east side, l. Hole at conduit in the wall of the attic furnace room on the east side,	C 189	Continued From page 2 a) Unsealed conduit sleeves (2) through the ceiling of the Business office will be sealed using Fire Barrier Sealant by 6/24/15. b) The hole by the exit light in the corridor ceiling near room 30 will be sealed with joint compound by 6/24/15. c) The unsealed conduit sleeve in the furnace room in the attic on the west side will be sealed with Fire Barrier Sealant by 6/24/15. d) The hole in the ceiling in the furnace room in the attic on the west side will be sealed with joint compound by 6/24/15. e) The holes around the pipes over the range hood suppression system in the kitchen will be sealed with joint compound by 6/24/15. f) The holes at the wires through the ceiling in the med room will be sealed with Fire Barrier Sealant by 6/24/15. g) The holes in the wall in the soiled utility off the laundry have been pointed up using joint compound. This was corrected on 6/5/15.	6/24/15 6/24/15 6/24/15 6/24/15 6/24/15 6/24/15 6/5/15

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Belinda Brown, Executive Director, 6/23/2015

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C 189	Continued From page 2 (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed conduit sleeves (2) through the ceiling of the Business office, b. Hole by the exit light in the corridor ceiling near room 30, c. Unsealed conduit sleeve in the furnace room in the attic on the west side, d. Hole in ceiling in the furnace room in the attic on the west side, e. Holes around pipes over the range hood suppression system in the kitchen, f. Holes at wires through the ceiling in the med room, g. Holes in the wall in the soiled utility off the laundry, h. Unsealed penetration at sprinkler line in attic furnace room on the west side, i. Large holes and gaps around the Hi-Lo combustion air inlets in the attic furnace room on the east side, j. Holes in the gypsum compound and tape in the corners of the attic furnace room on the east side, k. Gypsum compound and tape falling off the walls of the attic furnace room on the east side, l. Hole at conduit in the wall of the attic furnace room on the east side,	C 189	Continued From Page 2 h) The unsealed penetration at the sprinkler line in the attic furnace room on the west side will be sealed with Fire Barrier Sealant by 6/24/15. j) The holes in the gypsum compound and tape in the corners of the attic furnace room on the east side will be re-taped using joint compound by 6/24/15. i) The large holes and gaps around the Hi-Lo combustion air inlets in the attic furnace room on the east side will be sealed with tape and joint compound by 6/24/15. k) The Gypsum compound and tape falling off the walls of the attic furnace room on the east side will be re-taped using joint compound by 6/24/15. l) The hole at the conduit in the wall of the attic furnace room on the east side will be sealed using Fire Barrier Sealant by 6/24/15.	6/24/15 6/24/15 6/24/15 6/24/15 6/24/15

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Deloid Brown, Executive Director 6/23/15

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C 189	Continued From page 3 m. Holes in the wall of the stairway to the attic furnace room on the east side, n. Unsealed sleeves (2) in the basement ceiling, o. Holes in ceiling of water heater room off the basement, p. Cracks where the wall meets the ceiling in the water heater room off the basement, q. Unsealed sleeves (3) through the attic smoke barrier wall, r. Residential fire foam used to seal openings around the sprinkler line and at flanges at ducts penetrating the attic smoke barrier wall. Residential fire foam is not approved for use in Institutional Occupancies. s. One of the fire dampers in the HVAC duct penetrations in the attic furnace room on the east side was propped open with wood. Dampers that are held open with means other than a manufacturer's approved fuse link will not close properly in the event of a fire. t. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations: i. Closet off room 26, ii. Corridor near room 18, iii. Closet off laundry, iv. Laundry. 2. Based on observation, the cross-corridor smoke barrier doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system both doors failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the remainder of the facility. 3. Based on observation, the motorized smoke and fire damper protecting the duct penetration through the attic smoke barrier wall had failed.	C 189	Continued From Page 3 m) The holes in the walls of the stairway to the attic furnace room on the east side will be sealed using joint compound by 6/24/15. n) The unsealed sleeves (2) in the basement ceiling will be sealed using Commercial Fire Barrier Sealant by 6/24/15. o) The holes in the ceiling of the water heater room off the basement will be retaped using joint compound by 6/24/15. p) The cracks where the wall meets the ceiling in the water heater room off the basement will be retaped using joint compound by 6/24/15. q) The unsealed sleeves (3) through the attic smoke barrier wall will be resealed with a Commercial Fire Barrier Sealant by 6/24/15. r) The Residential fire foam used to seal openings around the sprinkler line and at flanges at ducts penetrating the attic smoke barrier wall will be sealed	6/24/15 6/24/15 6/24/15 6/24/15 6/24/15 6/24/15 6/24/15

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Teresa Brown, Executive Director 6/23/2015

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C 189	Continued From page 3 m. Holes in the wall of the stairway to the attic furnace room on the east side, n. Unsealed sleeves (2) in the basement ceiling, o. Holes in ceiling of water heater room off the basement, p. Cracks where the wall meets the ceiling in the water heater room off the basement, q. Unsealed sleeves (3) through the attic smoke barrier wall, r. Residential fire foam used to seal openings around the sprinkler line and at flanges at ducts penetrating the attic smoke barrier wall. Residential fire foam is not approved for use in Institutional Occupancies, s. One of the fire dampers in the HVAC duct penetrations in the attic furnace room on the east side was propped open with wood. Dampers that are held open with means other than a manufacturer's approved fuse link will not close properly in the event of a fire. t. The sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations: i. Closet off room 26, ii. Corridor near room 16, iii. Closet off laundry, iv. Laundry. 2. Based on observation, the cross-corridor smoke barrier doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system both doors failed to latch closed. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the remainder of the facility. 3. Based on observation, the motorized smoke and fire damper protecting the duct penetration through the attic smoke barrier wall had failed.	C 189	Continued From page 3 r) Using a Commercial Fire Barrier Sealant by 6/24/15. s) The fire dampers in the HVAC duct penetrations in the attic furnace room on the east side which is propped open with wood will be corrected by 8/3/15 by an outside contractor who specializes in fire safety equipment and prevention. t) The sprinkler escutcheons which were missing in the closet off room 26, Corridor near room 16, closet off laundry and laundry will all be replaced with new escutcheon plates by 6/24/15. 2. The cross-corridor smoke barrier doors that do not close completely and latch had to be repositioned to allow for complete closure of the cross-corridor doors when the fire alarm is activated, eliminating the possibility that a fire could begin in one space and spread to the remainder of the facility. Completed on 6/5/15.	8/3/15 6/24/15 6/5/15

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Teresa Brown, Executive Director

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C 189	<p>Continued From page 4</p> <p>Smoke dampers that do not work as designed cannot prevent smoke generated from a fire on one side of the smoke barrier wall from traveling to the "safe zone" on the other side of the wall.</p> <p>4. Based on observation, the corridor door to the Business office was held open by a mechanical "kick-down" and prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.</p> <p>5. Based on observation, one of the fire rated doors to the attic from the furnace room on the east side would not latch. A fire door that does not latch could allow a fire in the furnace room to travel quickly to the attic and other areas of the facility.</p> <p>6. Based on observation, the kitchen door was prevented from latching as required to be resistant to the passage of smoke. An improperly latching kitchen door could allow smoke from a fire in the kitchen to travel quickly to the dining room and to the remainder of the facility. Findings include:</p> <ul style="list-style-type: none"> a. The latching hardware had been removed from the kitchen door. b. The latch strike had been removed from the kitchen door frame. c. The kitchen door was tied open. <p>7. Based on observation, the exterior dryer vents were partially clogged with lint. Clogged dryer vents can cause overheating and a fire.</p> <p>8. Based on Observation, the building was not maintained in a safe manner by not properly</p>	C 189	<p>Continue From Page 4</p> <p>3) The smoke dampers that don't work as designed can not prevent smoke generated from a fire on one side of the smoke barrier wall from traveling to the "safe zone" on the other side of the wall will be corrected by 8/13/15 by an outside contractor who specializes in fire safety equipment and prevention.</p> <p>4) The corridor door to the Business office being held by a mechanical "Kick-down" has been replaced with a magnetic door stop on 5/11/15. This allows for quick closure and latching to resist the passage of fire and smoke.</p> <p>5) One of the fire rated doors to the attic from the furnace room on the east side which didn't latch will be corrected by 6/26/15. The strike plate on the door has to be readjusted and if needed, the door hinges will be tightened.</p>	<p>8/13/15</p> <p>5/11/15</p> <p>6/26/15</p>

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Robert Brown, Executive Director 76N421 6/23/2015

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6/23/2015

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C 189	Continued From page 4 Smoke dampers that do not work as designed cannot prevent smoke generated from a fire on one side of the smoke barrier wall from traveling to the "safe zone" on the other side of the wall. 4. Based on observation, the corridor door to the Business office was held open by a mechanical "kick-down" and prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. 5. Based on observation, one of the fire rated doors to the attic from the furnace room on the east side would not latch. A fire door that does not latch could allow a fire in the furnace room to travel quickly to the attic and other areas of the facility. 6. Based on observation, the kitchen door was prevented from latching as required to be resistant to the passage of smoke. An improperly latching kitchen door could allow smoke from a fire in the kitchen to travel quickly to the dining room and to the remainder of the facility. Findings include: a. The latching hardware had been removed from the kitchen door. b. The latch strike had been removed from the kitchen door frame. c. The kitchen door was tied open. 7. Based on observation, the exterior dryer vents were partially clogged with lint. Clogged dryer vents can cause overheating and a fire. 8. Based on Observation, the building was not maintained in a safe manner by not properly	C 189	Continue From Page 4 6) The Kitchen door has been fixed to allow for latching as required to be resistant to the passage of smoke. a) The latching hardware was added back on 6/8/15 to the Kitchen door. b) The latch strike was added back to the door frame on 6/8/15. c) The tie on the Kitchen door was removed on 6/8/15. 7) The exterior dryer vents were changed to oval exterior vents on 6/18/15 eliminating the possibility of clogging which can cause overheating. See next page (6)	6/8/15 6/8/15 6/8/15 6/18/15

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C 189	Continued From page 5 handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved milk crate in room 24. 9. Based on observation, there were openings in electrical panels where circuit breakers had been removed. Openings in electrical panels expose staff and/or residents to energized electrical parts. Findings include: a. A blank cover was missing in the electrical panel in the kitchen, b. A blank cover was missing in the electrical panel in the basement. 10. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.	C 189	Continue From Page 5 8) The portable medical oxygen cylinders stored in an unapproved milk crate in room 24 was replaced with the proper oxygen cylinder rack on 5/12/15. 9) a) A cover will be added to fill in the blank of the electrical panel in the kitchen by 6/26/15. b) A cover will be added to fill in the blank of the electrical panel in the basement by 6/26/15. 10) The drain line for the ice machine will be raised at least 2 inches above the floor by 6/26/15 to help eliminate contamination.	5/12/15 6/26/15 6/26/15 6/26/15
C 193	Ovens, Ranges in Activity or Res. Rooms SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff.	C 193	The facility will ensure that ovens, ranges and cook tops located in resident activity or recreational areas are not used except under facility staff supervision. We will further ensure that the operation of the equipment will have a locking feature to be controlled by staff.	

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Deborah Brown, Executive Director 6/23/2015

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C 193	Continued From page 6 (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, the electrical disconnect provided at the range in the activity room was just a circuit breaker with no locking feature. Failure to lock the range in the off position could allow residents to use the range without supervision and to be injured.	C 193	Continued From Page 6 5) A lock was added on 6/11/15 6/11/15 to the circuit breaker where the electrical disconnect is provided at the range in the activity room. Only staff has access to the key which opens the lock.	
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by:	C 199	The facility will ensure that required exhaust ventilation is in working condition to eliminate unhealthy build up of moisture and possibly bacteria.	

Division of Health Service Regulation

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Deloid Brown, Executive Director 6/23/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE LITTLE FLOWER ASSISTED LIVING RESID

8700 LAYWERS ROAD
CHARLOTTE, NC 28227

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C 199	Continued From page 7 Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy build-up of moisture and possibly bacteria. Findings include: a. The exhaust system was not working in the bath off room 21. b. The exhaust system was not working in the bath off room 24. c. The exhaust system was not working in the laundry. d. The exhaust system was not working in the central bathroom on the West side. e. The exhaust system was not working at the mop sink area in the kitchen.	C 199	Continued From Page 7 Findings in "a" through "e" were corrected on 6/6/15. 3 fan motors on the building roof were not operable and had to be replaced with new motors and belts. This corrected the issue with the exhaust system.	6/6/15
C 123	Bathrooms-Must Provide Privacy IV. The Building C. Physical Environment (10 NCAC 42D .1503) 5. The requirements for bathrooms and toilet rooms are: e. The bathrooms and toilet rooms must be designed to provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) shall have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains. This Rule is not met as evidenced by: Based on observation, there was no curtain provided at the tub that is accessible on 2 sides. The room also has a toilet and a shower. Failure to provide curtains does not provide privacy if the room is ever used by more than one resident at the same time.	C 123	The facility will ensure that bathrooms and toilet rooms will provide privacy. Bathrooms and toilet rooms with two or more water closets (commodes) will have privacy partitions or curtains for each water closet. Each tub or shower shall have privacy partitions or curtains. A shower curtain and necessary hardware to install it was ordered on 6/16/15. Hardware was received on 6/18/15. Shower curtain scheduled to arrive on 6/27/15. Installation to be completed by 7/2/15.	7/2/15

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C 124	Continued From page 8	C 124	Continued From Page 8	
C 124	Bathrooms-Hand Grips IV. The Building C. Physical Environment (10 NCAC 42D .1503) 5. The requirements for bathrooms and toilet rooms are: f. Hand grips must be installed at all commodes, tubs and showers used by or accessible to residents. This Rule is not met as evidenced by: Based on observation, the hand grip provided was loosely mounted to the wall at the toilet in the central bath on the west side. Loose hand grips could cause a resident to fall.	C 124	The facility will ensure that hand grips are installed at all commodes, tubs and showers used by or accessible to residents. The hand grip installed and mounted to the wall at the toilet in the central bath on the west side was tighten- ed on 5/13/15.	5/13/15
C 150	Exit Door Locks-Single Hand Motion IV. The Building C. Physical Environment (10 NCAC 42D .1503) 8. The requirements for outside entrances and exits are: c. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door, to one locking device which meets the criteria set forth in this standard.) This Rule is not met as evidenced by: Based on observation, several exit doors require 2 hand motions to operate. Findings include: a. The required exit from the dining room is equipped with a door knob lock and a dead bolt. b. The front door exit requires 2 hand motions to open. c. The exit at room 8 requires 2 hand motions to open.	C 150	The facility will ensure that all exit door locks are easily operable, by a single hand motion, from the inside at all times without keys. a) The required exit from the dining room door - dead bolt was removed on 5/17/15. b) The front door exit was repaired on 5/17/15 which now allows a single hand motion from the inside. c) The exit at room 8 will be corrected by 6/26/15 allowing for a single hand motion to open.	5/17/15 5/17/15 6/26/15

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C 157	Continued From page 9	C 157	Continued From Page 9	
C 157	Outside Premises-Clean, Safe IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. The requirements for outside premises are: a. The outside grounds must be maintained in a clean and safe condition. This Rule is not met as evidenced by: Based on observation, there was a small trench, approximately 5 inches deep on both sides of the sidewalk at the rear left side of the building. A trench adjacent to the sidewalk presents a fall hazard.	C 157	The facility will ensure the outside grounds will be maintained in a clean and safe condition. The small trench, approximately 5 inches deep on both sides of the sidewalk at the rear of the building will be filled in with dirt by 6/26/15 to eliminate as a fall hazard.	6/26/15
C 173	Fire Extinguishers IV. The Building E. Fire Safety Requirements (10 NCAC 42D .1601 through .1604) 3. Fire extinguishers: a. At least one 5 pound or larger (net charge) "ABC" type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. b. One 5 pound or larger (net charge) "ABC" or CO2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: Based on observation, the fire extinguisher provided in the attic furnace room on the west side needs recharging. Improperly charged fire extinguishers may not work when needed.	C 173	The facility will ensure that all Fire Extinguishers are charged at the proper level. The fire extinguisher provided in the attic furnace room on the west side was recharged on 5/15/15 by our Fire Safety contractors.	5/15/15
C 175	Fire Safety-Evacuation Plan Posted IV. The Building E. Fire Safety Requirements (10 NCAC 42D .1601 through .1604)	C 175		

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Kelsie Brown, Executive Director 6/23/2015 If continuation sheet 10 of 11

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C 175	Continued From page 10 6. A written fire/disaster plan (including a diagrammed drawing) which has the approval of the local fire department must be prepared in large print and posted in a central location on each floor. This plan must be reviewed with each resident on admission and must be a part of the orientation for all new staff. This Rule is not met as evidenced by: Based on observation, the evacuation plan provided on the East Hall was oriented wrong in relation to the building. Improperly oriented evacuation plans could cause confusion in an emergency.	C 175	Continued From Page 10 The facility will ensure that a written fire/disaster plan (including a diagrammed drawing) which has the approval of the local fire department is prepared in large print and posted in a central location on each floor. This plan will be reviewed with each resident upon admission and be part of the orientation for all new staff. The evacuation plan provided 6/19/15 on the East Hall was correctly oriented in relation to the building on 6/19/15. Plan was moved to the opposite side of the hallway/wall.	

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Debra Brown, Executive Director 78N421 6/23/2015

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